

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
03-010

2. STATE
Arizona

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2003

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1917(c) of the Act

7. FEDERAL BUDGET IMPACT:
a. FFY \$ 0
b. FFY \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Addendum to Supplement 9 to Attachment 2.6-A, p.4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Same

10. SUBJECT OF AMENDMENT:

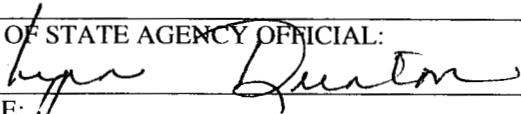
Average Cost of Private Pay Rates

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:
Lynn Dunton

14. TITLE:
Assistant Director

15. DATE SUBMITTED:
September 30, 2003

16. RETURN TO:

Lynn Dunton
801 E. Jefferson, MD#4200
Phoenix, Arizona 85034

FOR REGIONAL OFFICE USE ONLY

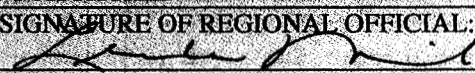
17. DATE RECEIVED: September 30, 2003

18. DATE APPROVED: December 22, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/03

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME: Linda Minamoto

22. TITLE: Associate Regional Administrator
Div. of Medicaid & Children's
Health

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARIZONA

TRANSFERS OF ASSETS (ON OR AFTER AUGUST 11, 1993)

Section 1917(c)
of the Act

For transfers of assets on or after August 11, 1993, the State complies with 1917(c) of the Social Security Act, as amended by Section 13611 of the Omnibus Budget Reconciliation Act of 1993. Page 2 of Supplement 9 to Attachment 2.6-A specifies what constitutes undue hardship.

The period of ineligibility shall begin with the month in which such assets were transferred and the number of months in such period shall be equal to the total uncompensated value of the assets so transferred, divided by (check one of the following):

_____ \$_____, which is the average cost to, a private patient at the time of application, of nursing facility services in the State; or

—X— the average cost, to a private patient at the time of application, of nursing facility services in the community in which the individual is institutionalized. The average monthly costs for nursing facility services in the various communities in the State are listed below:

\$4,027.61 (Maricopa County)

\$4,027.61 (Pima County)

\$4,027.61 (Pinal County)

\$3,743.78 (Balance of State)

TN No. 03-010

Supersedes

TN No. 02-007

Approval Date DEC 22 2003

Effective Date October 1, 2003